



13. Personal Care Services

AHCCCS covers personal care services, as appropriate, for members eligible for EPSDT services.

14. Incontinence Briefs

Incontinence briefs, including pull-ups, are covered for EPSDT members who are three (3) years or older and under age twenty-one (21) who have a documented disability, in order to prevent skin breakdown and to enable participation in social, community, therapeutic and educational activities. The benefit is limited to 240 briefs per month, except as described in b(2) below.

Minimum documentation requirements for coverage include:

- a. Current documentation of a disability that causes incontinence of bowel and/or bladder, and
- b. A prescription from the PCP or attending physician ordering incontinence briefs. Additional documentation may be required for the following circumstances:
 - 1) Specialty briefs – A physician prescription supporting medical necessity may be required for specialty briefs (for instance, hypo-allergenic briefs) or for briefs different from the standard briefs supplied by the Contractor.
 - 2) Greater than 240 briefs per month – A physician prescription supporting medical necessity may be required for members who require greater than 240 briefs per month due to a diagnosis of chronic diarrhea and/or spastic colon.

Contractors and AHCCCSA may impose reasonable prior authorization and network requirements. AHCCCS Contractors may require a new prior authorization to be issued every twelve (12) months. Prior authorization for a renewal of an existing prescription may be provided by the physician through telephone contact with the member, rather than an in-person physician visit.



D. CONTRACTOR REQUIREMENTS FOR PROVIDING EPSDT SERVICES

This section provides the procedural requirements for Contractors. Contractors must:

1. Have appropriately qualified personnel in sufficient numbers to meet the health care needs of members and fulfill Federal and State EPSDT requirements
2. Inform all participating primary care providers (PCPs) about EPSDT requirements.

This must include informing PCPs of Federal, State and AHCCCS policy requirements for EPSDT and updates of new information as it becomes available, including the 01/01/2006 implementation of the Parental Evaluation of Developmental Screening (PEDS) tool for developmental screening by trained PCPs when EPSDT-age members were admitted to the NICU following birth.

If providing care to NICU-discharged EPSDT members, PCPs should:

- a. Attend a PEDS training session.
- b. Submit proof of participation in a PEDS training session to the AHCCCS Provider Registration Unit for inclusion in the PCP's profile.

The PCP will obtain additional reimbursement for use of the PEDS tool during EPSDT visits for NICU-discharged EPSDT members only when there is proof of training with the PEDS tool in his/her AHCCCS Provider Registration profile.

3. Develop, implement, and maintain a program to inform members about EPSDT services within 30 days of enrollment with the Contractor. This information must include:
 - a. The benefits of preventive health care
 - b. A complete description of the services available
 - c. Information on how to obtain these services and assistance with scheduling appointments
 - d. A statement that there is no co-payment or other charge for EPSDT screening and resultant services, and



- e. A statement that assistance with medically necessary transportation is available to obtain EPSDT services.
4. Provide EPSDT information, defined in #3 above, in a second language, in addition to English, in accordance with the requirements of the AHCCCS Division of Health Care Management (DHCM) “Cultural Competency” policy available in the AHCCCS Contractor Operations Manual (available on the AHCCCS Web site at www.ahcccs.state.az.us)
5. Develop, implement and maintain a procedure to notify all members/caretakers prior to visits required by the AHCCCS EPSDT Periodicity Schedule. This procedure must include:
 - a. Notification of members or responsible parties regarding due dates of each periodic screen. If there has been no response to scheduling, a second written notice must be sent.
 - b. Notification of members or responsible parties regarding due date of an annual dental visit. If there has been no response to scheduling, a second notice must be sent.

NOTE: Contractors should encourage all providers to schedule the next periodic screen at the current office visit, particularly for children 24 months of age and younger.

6. Distribute and require the use of the AHCCCS EPSDT Periodicity Schedule and AHCCCS approved, standardized EPSDT Tracking Forms (see [Appendix B](#)) by all contracted providers. The AHCCCS EPSDT Periodicity Schedule gives providers necessary information regarding timeframes in which age-related required screenings and visits must be rendered by providers.
7. The AHCCCS EPSDT Tracking Forms and PEDS tool (as appropriate) are to be used by providers to document all age specific, required information related to the EPSDT screenings and visits. Copies of the EPSDT Tracking Form and PEDS tool (as appropriate), signed by the provider, must be placed in the member’s medical record. If the member is enrolled with a Contractor, copies of the EPSDT Tracking Form and PEDS tool (as appropriate) must be sent to that Contractor. If the member is fee-for-service, the provider should maintain a copy of the EPSDT Tracking Form and PEDS tool (as appropriate) in the medical record, but does not need to send copies elsewhere.



AHCCCS does not require submission of EPSDT Tracking Forms or PEDS tool copies to its office.

7. Submit to AHCCCS DHCM, within 15 days of the end of each month, copies of the PEDS tools and copies of the PEDS provider survey form received during the previous month.
8. Submit to AHCCCS DHCM, within 15 days of the end of each reporting quarter, a detailed progress report that describes the activities of the quarter and the progress made in reaching the established goals of the plan. (See Exhibit 400-1.) Quarterly reports must include documentation of monitoring, evaluation and implementation of improvement processes related to:
 - a. AHCCCS performance measures
 - b. Blood lead screening
 - c. Tuberculosis screening
 - d. Provider compliance with VFC and ASIIS, and
 - e. Member and provider outreach.

The quarterly report should include results of Contractor's ongoing monitoring of performance rates for each of the items listed above in a format that will facilitate comparison of rates in order to identify possible need for interventions to improve or sustain rates. The report should also identify the Contractor's established goals.

9. Have a written EPSDT plan including oral health, which addresses the objectives, monitoring and evaluation activities of their program.
10. Participate in an annual review of EPSDT requirements conducted by AHCCCS Administration, including on-site visits to providers and medical record audits



11. Include language in PCP contracts that requires PCPs to:
 - a. Provide EPSDT services for all assigned members from birth through 20 years of age. Services must be provided in accordance with the AHCCCS EPSDT Periodicity Schedule, and
 - b. Agree to utilize the standardized AHCCCS EPSDT Tracking Forms
12. Implement procedures to ensure compliance by PCPs with all EPSDT standards and contract requirements
13. Ensure that members younger than five years old are referred for support services, including the Women, Infants and Children Supplemental Nutrition Programs, as well as other community-based resources to support good health outcomes
14. Coordinate with Head Start to ensure optimum child health and development
15. Coordinate with the Arizona Early Intervention Program (AzEIP) to identify children ages 0-3 years having developmental disabilities for services including family education and family support needs with a focus on natural environment to ensure optimum child health development. (EPSDT services, as defined in 9 A.A.C. 22, Article 2, must be provided by the Contractors.) Contractors must educate their providers on the Contractor's requirements for accessing AzEIP services. Contractors must encourage their providers to communicate results of assessments and services provided to AzEIP enrollees within 45 days of the member's AzEIP enrollment.
16. Coordinate with behavioral health services agencies and providers to ensure continuity of care for members who are receiving or are eligible to receive behavioral health services.



E. CONTRACTOR REQUIREMENTS FOR THE WRITTEN EPSDT PLAN

The written EPSDT plan must contain the following:

1. A narrative description of all planned activities to address Contractor's minimum requirements for the EPSDT program. Contractors should attach relevant policies and procedures to this section.
2. A work plan containing:
 - a. Specific measurable objectives. These objectives may be based on AHCCCS established minimum performance standards or other generally accepted benchmarks. In cases where AHCCCS minimum performance standards have been met, other generally accepted benchmarks may be used (e.g., National Committee on Quality Assurance, Healthy People 2010 standards).
 - b. Strategies and activities to accomplish objectives (e.g., member outreach, provider education and provider compliance with mandatory components of the maternity care services program)
 - c. Targeted implementation and completion dates of work plan activities
 - d. Monitoring of work plan activities and evaluation of outcomes, and
 - e. Contractor assigned resources for EPSDT activities.
3. The plan must be submitted annually to AHCCCS/Division of Health Care Management as per the contract and is subject to approval. (See Exhibit 400-1.)

F. FEE-FOR-SERVICE/EPSDT PROVIDER REQUIREMENTS

This section discusses the procedural requirements for FFS EPSDT service providers. FFS providers must:

1. Provide EPSDT services in accordance with Section 1905 (R) of the Social Security Act, 42 CFR 441, Subpart B, and 9 A.A.C. 22, Article 2